U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.0 439 or 440.

For C	Official Use Only
E	Sept. Sept.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 17031	2. Fiscal Year Covered From: 01/01/2004Through 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Mike Bergen	Name Teamster Union Local No. 166 Labor Organization File Number 036 306
P.O. Box, Bldg., Room No., if any PO Box 899	P.O. Box, Bldg., Room No., if any P O Box 899
Street 18597 Valley Blvd	Street 18597 Valley Blvd
City Bloomington	City Bloomington
State CA ZIP Code + 4 92316-0899	State CA ZIP Code + 4 92316-0899
5. Position in labor organization. Secretary Treasurer	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7. a. Nature of Interest, Transaction, or Income.	
Name	AV/A	
Trade name, if any	N/A	
P.O. Box, Bldg., Room No., if any N/A		
Street	7. b. Amount	
City	N/A	
State ZIP Code + 4		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information		
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the		
best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		

Signed Mye Delyn

on 8/10/25

909-877-8326 Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business(1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with	
Name	a. Labor Organization	
Trade name, if any	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust +++++++	
Street	c. Employer	
City	C. Linployer	
State ZIP Code + 4		
10. If 9 b. or 9 c. is checked give trust or employer s name	11. a. Nature of such cealing. Room & Board / Construction Teamsters	
Name American Benefit Plan Administrators, inc. Trade name, if any Construction Teamsters Vacation / Holiday Trust Fund	Vacation / Holiday Trust Fund 2/28/ 04 Note: 2 Trust Funds conducted same day day Trust	
	11. b. Approximate dollar value of such dealing. \$117.05	
P.O. Box, Bldg., Room No., if any P.O. Box 5928	12. a. Nature of interest held or income received.	
Street 4401 Santa Anita Ave. Suite 100		
City El Monte.	N/A	
State Ca. ZIP Code + 4 £1734-1728		
	12. b. Amount \$117.05	
C .Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14. a. Nature of payment.	
Name		
Trade name, if any		
P.O. Box, Bldg., Room No., if any N/A	N/A	
Street		
City		
State ZIP Code + 4		
13. b. Is the Business an Employer or Consultant ?	14. b. Amount of payment.	
N/A	N/A	

Name of Person Filing

Mike Bergen

File Number U-

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B. Held an interest in or derived income or economic benefit with monetary valueselling or leasing to, or otherwise dealing with the business of an employer who represent, or(2) any part of which consists of buying from or selling or leasing of a trust in which your labor organization is interested.	se employees your labor organization represents or is actively seeking to
8. Name and address of Business (including trade name, if any).	9. Business deals with
Name	a. Labor Organization
Trade name, if any	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust +++++++
Street	c. Employer
City	C. Employer
State ZIP Code + 4	
10. If 9 b. or 9 c. is checked give trust or employer s name	11. a. Nature of such dealing. Room & Board / Construction Teamsters
Name American Benefit Plan Administrators, inc. Trade name, if any Construction Teamsters Vacation / Holiday Trust Fund	Vacation / Holiday Trust Fund 6/11/04
	11. b. Approximate dollar value of such dealing. \$148.66
P.O. Box, Bldg., Room No., if any P.O. Box 5928	12. a. Nature of interest held or income received.
Street 4401 Santa Anita Ave. Suite 100	
City El Monte.	N/A
State Ca. ZIP Code + 4 91734-1728	
	12. b. Amount \$148.66
C .Received from any employer (other than an employer covered under parts	s A and B above) or from any tabor relations consultant to an employer any
payment of money or other thing of value.	
13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14. a. Nature of payment.
Name	
Trade name, if any	
P.O. Box, Bldg., Room No., if any N/A	N/A
Street	
City	
State ZIP Code + 4	
13. b. Is the Business an Employer or Consultant ?	14. b. Amount of payment.
N/A	N/A

File Number U-

Name of Person Filing

Mike Bergen

* Make of Felson Filling Mike Deigen	The Number 6	
B. Held an interest in or derived income or economic benefit with monetary value from a business(1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with.	
Name	a. Labor Organization	
Trade name, if any	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust ++++++++	
Street	c. Employer	
City	C. Employer	
State ZIP Code + 4		
10 (0)	14 a Alatura of such scaling Poem 9 Poem / Construction Torrectors	
10. If 9 b. or 9 c. is checked give trust or employer s name	11. a. Nature of such cealing. Room & Board / Construction Teamsters Vacation / Holiday Trust Fund 9/10/04	
Name American Benefit Plan Administrators, Inc. Trade name, if any Construction Teamsters Vacation / Holiday Trust Fund		
	11. b. Approximate dollar value of such dealing. \$74.25	
P.O. Box, Bldg., Room No., if any P.O. Box 5928	12. a. Nature of interest held or income received.	
Street 4401 Santa Anita Ave. Suite 100		
City El Monte.	N/A	
State Ca. ZIP Code + 4 91734-1728		
	40.1.4.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	
	12. b. Amount \$74.25	
C .Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14. a. Nature of payment.	
Name		
Trade name, if any		
P.O. Box, Bldg., Room No., if any N/A	N/A	
Street		
City		
State ZIP Code + 4		
13. b. Is the Business an Employer or Consultant ?	14. b. Amount of payment.	
N/A	N/A	

Name of Person Filing Mike Bergen	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business(1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with.	
Name	- Labor Occasionida	
Trade name, if any	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust ++++++++	
Street	c. Employer	
City	C. Ciripioyei	
State ZIP Code + 4		
10. If 9 b. or 9 c. is checked give trust or employer s name	11. a. Nature of such cealing. Room & Board / Construction Teamsters Vacation / Holiday Trust Fund 11/20/04	
Name American Benefit Plan Administrators, Inc. Trade name, if any Construction Teamsters Vacation / Holiday Trust Fund	Vacation/Honday Frust Fund 11/20/04	
	11. b. Approximate dollar value of such dealing. \$186.15	
P.O. Box, Bldg., Room No., if any P.O. Box 5928	12. a. Nature of interest held or income received.	
Street 4401 Santa Anita Ave. Suite 100		
City El Monte.	N/A	
State Ca. ZIP Code + 4 91734-1728		
	12. b. Amount \$186.15	
C .Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14. a. Nature of payment.	
Name		
Trade name, if any		
P.O. Box, Bldg., Room No., if any N/A	N/A	
Street		
City		
State ZIP Code + 4		
13. b. Is the Business an Employer or Consultant ?	14. b. Amount of payment.	
N/A	N/A	